

Board of Chiropractic Examiners

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CA Relay Service TT/TDD (800) 735-2929

Consumer Complaint Hotline (866) 543-1311

www.chiro.ca.gov

**RESTORATION APPLICATION**

Instructions: In order to restore a forfeited license, you must complete all the information requested on this application. Failure to provide the requested information will result in rejection of the application as incomplete. Include a **check or money order** in the amount of **\$300.00**. **This restoration fee is nonrefundable.** In addition to the application and fee, you must **include proof of 12 hours of Board-approved continuing education taken within the past 12 months** (4 of the 12 hours must include adjustive technique).

Please print or type

Name:	Last	First	Middle	Former
Address:	Number		Street	
	City		State	Zip Code
Home telephone	Work telephone			
()	()			
Practice Address:	Number		Street	
	City		State	Zip Code
Date of Birth	Driver's License Number/State		Social Security Number*	

License number:

Date of forfeiture:

ATTACH A PHOTOGRAPH

Taken Within 60 Days of

the Filing of this

Application

NO POLAROID

Are you licensed in any other state or country? ☐ Yes ☐ No If yes, please specify below.

State/Country	Issue Date	License Number	Current Status

Chiropractic College you attended:

Name of College:	Address	City	State	Zip Code	Graduation Date

*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure of examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

FOR OFFICE USE ONLY		
Date postmarked _____	Processed by _____	Date cashiered _____
Date processed _____	Receipt # _____	Amount \$ _____

You must answer all questions and provide an explanation for each affirmative answer. Please attach your explanation(s) to the application. *Failure to do so will result in the denial of your restoration application.*

1. During the last five (5) years have you been convicted of or pled no contest to any violation of a local, state or federal law of any state, territory, country or United States federal jurisdiction? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4. (Traffic violations of \$300 or less need not be reported.) ☐ Yes ☐ No
2. Are you now on probation or parole for any criminal or administrative violations in this state or any other state? (Attach certified copies of all disciplinary or court documents.) ☐ Yes ☐ No
3. Have you ever had disciplinary proceedings against any professional license including revocation, suspension, probation, voluntary surrender, or any other proceeding in this state or any other state? ☐ Yes ☐ No
4. Are you now, or have you ever been, addicted to the use of narcotics or controlled substances? ☐ Yes ☐ No
5. Are you now, or have you ever been, addicted to alcohol or other drugs? ☐ Yes ☐ No
6. Have you ever been or are you currently under observation or treatment for mental disorders, alcoholism or drug addiction? ☐ Yes ☐ No
7. Have you at any time practiced chiropractic on a forfeited, expired, cancelled or inactive license? *If yes, indicate the dates of practice in your explanation.* ☐ Yes ☐ No
8. Have you ever been denied a license or similar privilege by a licensing agency, or been denied the opportunity to take a licensing examination? ☐ Yes ☐ No

Please attach to this application a copy(ies) of your proof of completion of Board-approved Continuing Education.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for restoration is true, correct and complete. Providing false information or omitting required information may constitute grounds for disciplinary action against the license.

Signature

Print Name

Date